

Request to Withdraw Complaint

NOTICE REQUIRED UNDER Section 15.04(1)(m), Wisconsin Statutes. Authorization for this form is provided under Section 111.375, Wisconsin Statutes. Completion of this form is voluntary. However, if you wish to file a withdrawal of a discrimination complaint with the Equal Rights Division, you must submit a written document containing the information sought by this form. Personal information you provide may be used for secondary purposes.

Complainant

Respondent

First Name	Respondent Name
Middle Name	
Last Name	
Street Address	Street Address
City	City
State	State
Zip Code	Zip Code

I wish to withdraw my discrimination complaint against the above named respondent(s) filed with the:

<input type="checkbox"/> Department of Workforce Development Equal Rights Division	(ERD) Case Number
<input type="checkbox"/> U.S. Equal Employment Opportunity Commission	(EEOC) Case Number
<input type="checkbox"/> City of Madison Equal Opportunities Commission	(MEOC) Case Number

I have been advised that under state, federal and local laws it is unlawful for any person to threaten intimidate or harass me because I have filed a complaint.

Signature	Date Signed
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I make this request for the following reason(s):

Send Completed form to:

<input type="checkbox"/> THE EQUAL RIGHTS DIVISION 201 E WASHINGTON AVE ROOM A300 PO BOX 8928 MADISON WI 53708	<input type="checkbox"/> THE EQUAL RIGHTS DIVISION 819 N 6TH ST ROOM 255 MILWAUKEE WI 53203
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